

LETTERS TO THE EDITOR

Dear Editor,

*Melanocytic naevi in eastern Australia – latitude is important
but most variation is within cities*

In our study of melanocytic naevi in Australian school children aged 6, 9, 12 and 15 years, latitude of residence, and by implication ambient ultraviolet radiation, was found to be strongly related to melanocytic naevi with an increasing gradient of average counts from Melbourne through Sydney to Townsville. However, these differences between cities diminish with age and may disappear by the age of 15 years.¹ With recent increased interest in the heritability of naevi and melanoma we have re-analysed our data by sex at each age stratum using analysis of variance to estimate the percentage of variance in total naevus count attributable to differences between cities, and hence the remaining variance within cities.

Differences between cities are most marked at the youngest age but, even there, around 80% of variation occurs within cities. At age 12 an average 95% of variation occurs within cities. It seems that cities account for a greater proportion of variance in females than in males. The age trend is clear in males but less so in females, although the sample size may account for the upturn at age 15.

By design, the ethnic composition sampled in the three cities was comparable, and assuming that the three cities cover the range of sun exposure salient to Australia, then the proportion of variance occurring within cities for a given age group represents the expected upper limit to the heritability of naevus counts. The causes of variation in naevus count are being investigated in the parallel Brisbane Twin Mole Study where estimates of heritability of naevus counts at ages 12 and 14 have been found to be close to the within city proportion of variance reported here.²

Table 1 Percent of variance in naevus counts due to difference between cities

| Age (years) | Boys | | Girls | | Total | |
|----------------|------|------|-------|------|-------|------|
| | n | % | n | % | n | % |
| 6 | 154 | 14.0 | 129 | 27.0 | 283 | 19.2 |
| 9 | 147 | 13.6 | 130 | 15.8 | 277 | 12.6 |
| 12 | 155 | 2.6 | 164 | 12.0 | 319 | 5.0 |
| 15 | 122 | 0.0 | 122 | 19.5 | 244 | 9.0 |

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Dear Editor,

A skin clinic at Long Bay Jail

A skin clinic I held at Long Bay Jail provided some humorous experiences. Nearly always, the prisoner's apparent presenting symptom was far removed from his real motive in wanting to attend the skin clinic. The layers of subterfuge had to be peeled away before the kernel of truth could be reached. It was an exaggerated version of what we should also recognize in our patients 'outside' (as the prisoners call the world outside the jail).

The first prisoner complained of an extremely oily skin since being 'inside'. He repeatedly stressed how much better his skin had been outside. I was surprised at the extreme concern he was showing over what seemed a trivial matter. His face seemed a little greasy and there were faint scars of past acne, but no active acne was present. The prisoner then informed me that he was a heroin addict and that it was the heroin his skin was lacking in prison! Gradually, I realized that he thought he might persuade me to prescribe heroin for his skin. He was very disappointed when I merely suggested he lather up regularly with soap and water.

The next patient took one look at me and announced that I had caught him at a bad time since he had just washed his underpants. I expressed my approval, since his personal hygiene left something to be desired. He still refrained from undressing, however. I thought he must be conveying to me that he had washed what were his only pair of underpants, that these were still drying and I might be shocked that he was not wearing any underpants. Breezily, I reassured him. Still, he refrained from disrobing. Then the penny dropped. This had been his way of saying he didn't want to show his *linea cruris* to a female doctor. 'Drop your strides', I said in my most brisk, non-feminine tone, 'and let's get on with it!' It was fortunate I persisted, because he had a grossly swollen, red scrotum produced by the application of an inappropriate

irritant to the area for the treatment of tinea. (This patient was, according to his files, serving 7 years for buggery of minors).

The next patient displayed, somewhat aggressively, his psoriasis vulgaris on knees and elbows. I also observed, in passing, a charming little swastika tattooed on each medial malleolus. The psoriasis on knees and elbows, I was told, was the result of maltreatment by the 'screws' (prison warders). He and his mates had been 'playing-up, like' during the Bathurst Jail riots and he had been sprayed on the forehead by one of the warders. I did not discover whether he was sprayed with water, tear gas or something else. He said that this produced a skin eruption that quickly spread from his forehead to his knees and elbows, where it now lodged. A

somewhat unusual type of worker's compensation complaint, I felt.

Another patient had a fairly typical acne rosacea of recent onset. The stress of being in jail, I thought, was probably producing this. However, further questioning revealed that he was about to be released from jail after serving 3 years 'inside'. I suspect the stress was rather that of adjusting to the outside world again.

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